

2005 CALIFORNIA WOMEN'S HEALTH SURVEY

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Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

NUMADULT

We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

___ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN

(If NUMADULT GT 1)

How many are men?

___ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN GT 1)

The person in your household I need to speak with is the _____.

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT

(If NUMWOMEN = 1)

Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with cancer screening tests, food security, food consumption, immunization, alcohol and tobacco use, vitamin and herbal supplement use, personal relationships, criminal justice information sexually transmitted diseases, public assistance, disability, mental health, and family violence. Depending on your age, you may also be asked about family planning, childbirth and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

First I'd like to ask some questions about your health.

GENHLTH (Core)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know / Not sure
- 9. Refused

PHYSHLTH (Core)

TYPEVII.

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

MENTHLTH (Core)

TYPEVII.

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

POORHLTH (Core) (Ask if PHYSHLTH ≥ 1 or MENTHLTH ≥ 1)

TYPEVII.

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

HEALTH ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVEPLN3 = 1, ask:)

| | Yes | No | DK/NS | RF | |
|--|-----|----|-------|----|----------|
| Do you receive health care coverage through: | | | | | |
| 6. Your employer | 1 | 2 | 7 | 9 | EMPPLAN |
| 7. Someone else's employer (including spouse) | 1 | 2 | 7 | 9 | OEMPLAN |
| 8. A plan that you or someone else buys on your own | 1 | 2 | 7 | 9 | OWNPLAN |
| 9. Medicare | 1 | 2 | 7 | 9 | MEDICARE |
| 10. Medi-Cal (Medicaid) | 1 | 2 | 7 | 9 | MEDICAL |
| 11. The military, CHAMPUS, or the VA [or CHAMP-VA] | 1 | 2 | 7 | 9 | MILPLAN |
| 12. Indian Health Service, or, | 1 | 2 | 7 | 9 | INDIANHS |
| 13. Some other source | 1 | 2 | 7 | 9 | OTHRSRCE |

IF NO YES ANSWERS TO HAVEPLAN3 AND HLTHPLAN, SKIP TO PASTPLAN

GAPPLNT2 (Core)

TYPE II.

14. In how many of the past 12 months were you without any coverage? F6=none

____ (number)

- 77. Don't know / Not sure
- 99. Refused

IF GAPPLNT2 = NOT APPLICABLE, SKIP TO EQUIP

PASTPLAN (Core)

HOWLONGC.

15. About how long has it been since you had health care coverage?

Read Only if Necessary

1. Within the past 6 months (more than 0 to 6 months)
2. Within the past year (more than 6 months to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago

7. Don't know / Not sure
8. Never
9. Refused

DISABILITY

EQUIP (Core) (from BRFS)

YESNO.

16. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (include occasional use or use in certain circumstances).

1. Yes
2. No

7. Don't know/Not sure
9. Refused

DISANY (Core)

YESNO.

17. Are you limited in any way in any activities because of a physical, mental, or emotional problem?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

FLUVAC2 NEW (Immunization) Ask all women

YESNO.

18. During the past 12 months, have you had either a flu shot or the nasal spray flu vaccine?

- | | |
|------------------------|-------------------|
| 1. Yes | (Go to WHERECARE) |
| 2. No | |
| 7. Don't know/Not sure | (Go to WHERECARE) |
| 9. Refused | (Go to WHERECARE) |

WHYNOVAC NEW (Immunization) Ask if no above

WHYNOVAC.

19. What is the main reason you didn't get a flu shot or nasal spray flu vaccine in the last 12 months? (DO NOT READ)

1. Didn't know I needed it
2. Didn't think of it/forgot
3. Cost
4. Didn't know where to get shot
5. Inconvenient/inaccessible time or location
6. Flu vaccine unavailable
7. I asked my doctor, but my doctor said I didn't need it
8. Doctor didn't recommend it
9. Didn't think it would work
10. I am not at risk/ flu is not a serious disease
11. Flu shot gives you the flu
12. Shot could have serious side effects
13. Unable to get shot for medical reasons
14. Don't like shots or needles
15. Other specify (INSERT)

77. Don't know/Not sure
99. Refused.

CONTINUITY OF CARE

WHERECARE (MCH)

WHERECARE.

20. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an. . .

1. Emergency room
2. Private doctor
3. Hospital clinic
4. HMO clinic
5. Community clinic
6. Acute care clinic
7. Urgent care clinic
8. Doesn't go to one place most often (Do not read)
9. Did not see anyone during the past 12 months (Do not read)
10. Other (Specify _____)

77. Don't know / Not sure
99. Refused

SMOKING

Now I would like to ask you a few questions about cigarette smoking

SMOKE100 (Core) Ask all women

YESNO.

21. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes
2. No (Go to AGEb)

7. Don't know / Not sure (Go to AGEb)
9. Refused (Go to AGEb)

SMKEVDA2 (Core)

EVDAY.

22. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all
7. Don't know / / Not sure
9. Refused

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGEB (Core)

TYPEI.

23. What is your age?

- ___ Enter age in years
7. Don't know / Not sure
 9. Refused

If AGE LT 50, go to PREGNANT;
 If AGE GE 50 and LT 55, go to PREG5YR;
 If AGE GE 55, go to LIVEBRT2

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

24. To your knowledge, are you now pregnant?

1. Yes (Go to PREG5YR)
2. No
7. Don't know / Not sure
9. Refused

TRYPREG (DSS)

YESNO.

25. Are you currently trying to become pregnant?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

PREG5YR (Core) Asked of those AGE 18-54

YESNO.

26. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

LIVEBRT2 (MCH) Ask all women

TYPEII.

27. How many children have you ever given birth to, counting only live births?

___ Enter Number

88. None (Go to VITTAKEC)

77. Don't know / Not sure (Go to VITTAKEC)

99. Refused (Go to VITTAKEC)

LOBRTHWT (DSS)

TYPEII.

28. Thinking about those births, how many had a birth weight less than 5 pounds 8 ounces?

___ Enter Number (1-25)

88. None

77. Don't know / Not sure

99. Refused

DATEBRTH (MCH)

29. On what date did you last give birth to a live baby?

___ Enter month DATEB_A

___ Enter year DATEB_B

77. Don't know / Not sure

99. Refused

BRTHWGHT (MCH) Ask if PREG5YR = yes

30. How much did your last baby weigh at birth?

___ Enter pounds\ounces

___ Enter grams

77. Don't know / Not sure

99. Refused

VITAMIN USE**Now, I would like to ask you about your use of vitamins and minerals.**

VITTAKEC (MCH) Modified Ask all women

YESNO.

31. Are you CURRENTLY taking a prenatal or multi-vitamin pill or a pill containing the B vitamin folate or folic acid?

1. Yes

2. No (Go to HERBTAK2)

7. Don't know / Not sure (Go to HERBTAK2)

9. Refused (Go to HERBTAK2)

VITDAILY (MCH)

YESNO.

32. Do you take any of these on a daily basis? (prenatal or multi-vitamin or a pill containing the B vitamin folate or folic acid)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HERBAL SUPPLEMENTS

We're interested in your use of herbal supplements in the past 12 months. Think of herbal products that you may have taken orally (i.e., tablets, extracts, tinctures, and teas). Please do not report use of herbal supplements that are applied to the skin or hair (e.g. herbal lotions or hair products).

HERBTAK2 NEW (MCH)

YESNO.

33. During the past 12 months, have you used herbal supplements? Examples include ginkgo biloba, ginseng, echinacea, and St. John's wort.

1. Yes
2. No (Go to SELFWGHT)
7. Don't know/Not sure (Go to SELFWGHT)
9. Refused (Go to SELFWGHT)

DCTRHERB NEW (MCH) (if yes to the above)

YESNO.

34. Have you told your doctor that you use herbal supplements?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

SELFWGHT (CPNS)

WEIGHT.

35. Currently, do you consider yourself:

1. Overweight
2. Underweight
3. About the right weight for your height
7. Don't know / Not sure
9. Refused

DIETARY QUALITY

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

DAILYEAT (CPNS)

TYPEIII.

- 36. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?**

___ Enter number

777. Don't know / Not sure

999. Refused

DAILYVEG (CPNS)

TYPEIII.

- 37. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = 1/2 cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)**

___ Enter number

777. Don't know / Not sure

999. Refused

WHYNOTFV NEW (CPNS)

WHYNOTTV.

- 38. What is the one main reason you don't eat more fruits and vegetables? (Do not read responses)**

1. Take too much time to prepare and cook
2. Don't have them available, lack of access
3. Not in habit/don't think about it/not used to eating them
4. Too expensive
5. Don't like the taste
6. NOT SURE how to tell if the quality is good/NOT SURE how to select
7. Lots of fruits and vegetables that I'm NOT SURE how to fix
8. Medical diet restriction/Weight loss diet restriction
9. They are messy
10. Hard to get fruits and vegetables in restaurants or fast food establishments
11. Hard to get fruits and vegetables at work
12. I believe I eat enough now
13. Other (specify): _____

77. DON'T KNOW

99. REFUSED

FISH CONSUMPTION

EATCATCH NEW (EHIB) Ask all women

YESNO.

- 39. In the past 12 months did you eat fish that was caught by you or someone you know? Please do not include shellfish or fish that came from a store, market, or restaurant.**

1. Yes

2. No

[Go to EATCHKID]

7. Don't Know/Not Sure

9. Refused

[Go to EATCHKID]

[Go to EATCHKID]

EATCHOFN NEW (EHIB)

TYPEXIV.

40. In the past 30 days, how many times did you eat fish that was caught by you or someone you know?

Enter number of times in past 30 days: _____

777. Don't Know/Not Sure

999. Refused

EATCHKID NEW (EHIB) Ask all women

YESNOKID.

41. Do any children under 18 years of age in your household eat fish that is caught by you or someone you know?

1. Yes

2. No

3. No Children in Household

7. Don't Know/Not Sure

9. Refused

EATFSMKT NEW (EHIB) Ask all women

YESNO.

42. In the past 12 months did you eat fish that comes from a store, market, or restaurant? This includes any fish that is fresh, frozen, canned, smoked, or dried, but not including shellfish.

1. Yes

2. No

[Go to EATFSKID]

7. Don't Know/Not Sure

[Go to EATFSKID]

9. Refused

[Go to EATFSKID]

EATFSOFN NEW (EHIB)

TYPEXIV.

43. In the past 30 days, how many times did you eat fish that came from a store, market, or restaurant?

Enter number of times in past 30 days: _____

777. Don't Know/Not Sure

999. Refused

If EATCHKID=3 go to FISHPORT;
Else, continue

EATFSKID NEW (EHIB) Ask if EATCHKID NE 3

YESNOKID.

44. Do any children under 18 years of age in your household eat fish that comes from a store, market, or restaurant?

1. Yes

2. No

3. No Children in Household

7. Don't Know/Not Sure

9. Refused

FISHPORT NEW (EHIB) Ask if EATCATCH=1 or EATFSMKT=1 TYPEIV.

45. How many portions of fish do you usually eat per occasion? A portion of fish is 3 ounces, or a piece the size of a deck of cards or the palm of your hand.

Enter number of portions: _____

777. Don't Know/Not Sure

999. Refused

FISHWARN (EHIB)

YESNO.

46. Are you aware of any public health warnings about eating fish for women of childbearing age?

1. Yes

2. No

7. Don't Know/Not Sure

9. Refused

DEMOGRAPHICS

HISP3 (Core)

YESNO.

47. Are you Hispanic or Latina? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)

1. Yes

2. No

7. Don't know / Not sure

9. Refused

ORACE3 (Core)

YESNO.

48. Which one or more of the following would you say is your race? Would you say...

Please read and mark all that apply.

1. White

ORACE3_A

2. Black or African American

ORACE3_B

3. Asian

ORACE3_C

4. Native Hawaiian or Other Pacific Islander

ORACE3_D

5. American Indian or Alaska Native

ORACE3_E

6. Other [specify] -----> ORACETXT (Recoded, not retained) ORACE3_F

7. Don't know / Not sure

(Go to REF_DEMO)

9. Refused

(Go to REF_DEMO)

If more than one response to ORACE3, continue. Otherwise, go to ORACE2A

ORACE4 (Core)

ORACE4.

49. Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify] -----> ORACETXT (Recoded, not retained)
7. Don't know / Not sure
9. Refused

If ORACE3_C EQ 1 or ORACE3_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;
Else go to BIRTHPLC

ORACE2A (Core)

ORACE2A.

50. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

- | | |
|---------------------------|-----------------------|
| 1. Chinese | 2. Japanese |
| 3. Korean | 4. Filipino |
| 5. Vietnamese | 6. Cambodian |
| 7. Laotian | 8. East Indian |
| 9. Indonesian | 10. Hawaiian |
| 11. Samoan | 12. Pakistani |
| 13. Saipanese | 14. Fijian |
| 15. OTHER: (specify) | ----->ORA2ATXT (Text) |
| 77. Don't know / Not sure | 99. Refused |

BIRTHPLC (Core)

BIRTHPLC.

51. In what country were you born?

Select From Brand List

14. Other (specify _____)

77. Don't know / Not sure

(Go to MARITAL)

99. Refused

(Go to MARITAL)

BIRTHTXT

51.5 OTHER (SPECIFY)

If BIRTHPLC eq United States go to MARITAL;
Else continue

USENTRY2 (Core)

TYPEI.

52. In what year did you come to live in the United States?

___ Enter year

7777. Don't know / Not sure

9999. Refused

MARITAL (Core)

MARITAL.

53. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
9. Refused

CHILD18 (Core)

TYPEII.

54. How many children under age 18 live in this household?

___ Enter Number of children

00. None (Go to EDUCA)
99. Refused (Go to EDUCA)

CHILD1-CHILD9 (Core)

TYPEII.

55. (If CHILD18=1, ask:) How old is the child?
(If CHILD18 GT 1, ask:) How old are the children?

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2
13.0

Youths =

___ AGE OF CHILD/CHILDREN

77. Don't know / Not sure
99. Refused

DEMOC1R—DEMOC9R NEW (DSS) (Modified from TANF)

CHILDREL.

56. (If CHILD18=1, ask:) How is the ___ year old related to you?
(If CHILD18 GT 1, ask for each child) And how is the ___ year old related to you?

1. Own child
2. Grandchild
3. Partner's child
4. Brother/Sister
5. Niece/nephew
6. Cousin
7. Unrelated child/Foster child
8. Stepchild
9. Adopted
10. Great Grandchild
77. Don't know
99. Refused

EDUCA (Core)

EDUCA.

57. What is the highest grade or year of school you completed? (Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY3 (Core)

EMPLOYB.

58. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work
99. Refused

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

59. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM02 (Core)

INCOMEB.

60. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 or \$100,000 or more?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 or more
77. Don't know / Not sure
99. Refused

Find the point on the table where HHSIZE and INCOM02 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH03.

THRESH03 (Core)

YESNO.

**61. Is your annual household income above _____ (table look up for income and household size)?
(This is an income threshold used for statistical purposes.)**

1. Yes
2. No
7. Don't know / Not sure
9. Refused

| INCOM94 | = | 1 <10K | 2 10-15K | 3 15-20K | 4 20-25K | 5 25-35K | 6 35-50K | 7 50-75K | 8 75-100K | 9 100K+ |
|---------------------|----|-----------|-------------|-------------------|-------------------|-------------------|-------------------|------------------------------|-------------------|------------|
| HHSIZE= | 1 | 9,310 | 12,103 | 17,224/ 18,620 | 23,275 | | | | | |
| (Household Size) | 2 | | 12,490 | 16,237 | 23,107/ 24,980 | 31,225 | | | | |
| | 3 | | | 15,670 | 20,371 | 28,990/ 31,340 | 39,175 | | | |
| | 4 | | | 18,850 | 24,505 | 34,873 | 37,700/ 47,125 | | | |
| | 5 | | | | 22,030 | 28,639 | 40,756/ 44,060 | 55,075 | | |
| | 6 | | | | 25,210 | 32,773 | 46,639/ 50,420 | 63,025 | | |
| | 7 | | | | | 28,390 | 36,907 | 52,522/ 56,780/ 70,975 | | |
| | 8 | | | | | 31,570 | 41,041 | 58,405/ 63,140 | 78,925 | |
| | 9 | | | | | 34,750 | 45,175 | 64,288/ 69,500 | 86,875 | |
| | 10 | | | | | | 37,930/ 49,309 | 70,171/ 75,860 | 94,825 | |
| | 11 | | | | | | 41,110 | 53,443/ 76,054 | 82,220 | 102,775 |
| | 12 | | | | | | 44,290 | 57,577 | 81,937/ 88,580 | 110,725 |
| | 13 | | | | | | 47,470 | 61,711 | 87,820/ 94,940 | 118,675 |

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Feb 13, 2004.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
Else continue

HEIGHT (Core)

TYPEIV.

62. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know / Not sure

999. Refused

WEIGHT (Core)

TYPEIV.

63. About how much do you weigh without shoes?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure

999. Refused

COUNTY1 (Core)

COUNTYA.

64. What county do you live in?

Select From Brand List

777. Don't know / Not sure

999. Refused

ZIPCODE (Core)

TYPEIX.

65. What is your zip code?

_____ Enter the five digit number

77777 Don't know / Not sure

99999 Refused

NUMPHON2 (Core)

(not formatted)

66. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.

(8 = 8 or more)

- 1. One
- 3. Three
- 5. Five
- 7. Seven

- 2. Two
- 4. Four
- 6. Six
- 8. Eight

77. Don't know / Not sure

99. Refused

INCOMADQ (Core)

YESNO.

67. During the past month, did you feel you had enough money to meet your basic living needs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

FOOD ADEQUACY

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since **MONTH** of last year)**

OUTOFFD (DSS, CPNS) Ask all women

TRUEFALB.

68. The food that I bought just didn't last, and I didn't have money to get more. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

1. Often
2. Sometimes, or
3. Never true
7. Don't know / Not sure
9. Refused

AFRDMEAL (DSS, CPNS)

TRUEFALB.

69. I couldn't afford to eat balanced meals. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

1. Often true
2. Sometimes true
3. Never true
7. Don't know / Not sure
9. Refused

CUTMEAL (DSS, CPNS)

YESNO.

70. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to EATLESSC)
7. Don't know / Not sure (Go to EATLESSC)
9. Refused (Go to EATLESSC)

CUTOFTN (DSS, CPNS)

HOWLONGG.

71. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months
7. Don't know / Not sure
9. Refused

EATLESSC (DSS,CPNS) (Health Status Indicator)

YESNO.

72. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

EVRHNGRY (DSS,CPNS)

YESNO.

73. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

NOTEAT (CPNS, DSS)

YESNO.

74. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

FDSTMAPP (CPNS, DSS)

YESNO.

75. In the last twelve months, have you applied for food stamps?

- 1. Yes
- 2. No (Go to FOODBANK)
- 7. Don't know / Not sure (Go to FOODBANK)
- 9. Refused (Go to FOODBANK)

FDSTMDEN (CPNS, DSS)

YESNO.

76. Were you denied food stamps?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

(DSS, CPNS) (Ask of all women)

YESNO.

| | YES | NO | DK | RF |
|---|-----|----|----|------------|
| 77. Emergency food banks? | 1 | 2 | 7 | 9 FOODBANK |
| 78. Food stamps or the EBT card? | 1 | 2 | 7 | 9 FOODSTP2 |
| 79. WIC (coupons/vouchers)? | 1 | 2 | 7 | 9 FOODWIC2 |

Ask if FOODSTP2 = 2 and poverty threshold is greater than 250%

WHYNOFS (CPNS, DSS) (Do not ask if poverty threshold clearly over 250%) WHYNOFS.

80. What is the main reason you are not currently receiving food stamps? (DO NOT READ)

1. Don't need them
2. Don't think I'm eligible
3. Don't know how to get them
4. Too hard to apply
5. Don't want government help
6. Worried about my citizenship status
7. Too embarrassed to use them
8. Didn't think about it
9. Don't qualify
10. Didn't know about them
11. In process
12. Other (Specify)
13. Denied Food Stamps

77. Don't know / Not sure

99. Refused

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP2

TYPEIII.

81. In an average month, how many days do food stamps last in your household?

____ Enter number of days

77. Don't know / Not sure

99. Refused

PUBASST3 (DSS)

YESNO.

Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.

82. Thinking back over the past 12 months, did you ever receive money through one of these programs?

1. Yes
2. No (GO TO FOSTCARE)
7. Don't know / Not sure (GO TO FOSTCARE)
9. Refused (GO TO FOSTCARE)

PUBASTN2 (DSS)

YESNO.

83. Thinking back to the last 30 days, did you receive money through one of these programs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

FOSTCARE (DSS)

YES/NO.

84. Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

CRIMJAIL NEW (DSS)

YES/NO.

85. Thinking back over your lifetime, have you ever been convicted of a crime and spent time in a jail or prison?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

Next, I would like to ask you about physical activity and weight control.

EXERMOD2 (Core)

TYPE III.

86. In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

____ Enter number of days

- 888. None (Go to EXBMODAB)
- 777. Don't know / Not sure (Go to EXBMODAB)
- 999. Refused (Go to EXBMODAB)

EXEROFT2 (Core)

TYPE IV.

87. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

____ Enter number of hours
 ____ Enter number of minutes

- 777. Don't know / Not sure
- 999. Refused

EXBMODAB (CPNS)

TYPE III.

88. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).

____ Enter number of days

- 88. None (Go to BARRPA2)
- 77. Don't know / Not sure (Go to BARRPA2)
- 99. Refused (Go to BARRPA2)

EXBMODMB (CPNS)

TYPEIII.

89. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?

___ Enter number of minutes

777. Don't know / Not sure

999. Refused

BARRPA2 (CPNS) Ask all women (brand list)

BARRPA2

90. What is the main reason that you are not more physically active? Choose one. Do not read.

1. Already exercise enough/I don't need to

2. Not enough time/too busy

3. Too tired

4. Lazy

5. Don't find exercise enjoyable/boring

6. Lack self-motivation

7. Medical/Health condition/disability

8. Weather

9. Depressed

10. Child care

11. On a program

12. Age

13. Inconvenient

14. Safety concerns

15. Other specify (INSERT)

77. Don't know/Not sure

99. Refused

WORKPHYS (CPNS) Ask if EMPLOY3=1-3

YESNO.

91. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers? Do not probe a don't know answer.

1. Yes

2. No

7. Don't know/Not sure

9. Refused

WORKNTRN (CPNS) Ask if EMPLOY3=1-3

YESNO.

92. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria? Do not probe a don't know answer.

1. Yes

2. No

7. Don't know/Not sure

9. Refused

| |
|---|
| If Yes to any HLTHPLAN, continue; Else go to DIET12M |
|---|

HINSNTRN (CPNS)

YESNO.

93. Does your health insurance coverage include an affordable weight loss program or nutrition counseling? Do not probe a don't know answer.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DIET12M (CPNS) Ask of all respondents

YESNO.

94. Have you intentionally tried to lose weight in the past 12 months?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

WTBARRI (CPNS)

WTBARRI.

95. What is the single biggest barrier to [reaching a healthy weight/keeping your weight at a healthy level]? (Select one. Do not read).

1. Weight already healthy/Don't have any
2. Inactivity
3. Not able to exercise (ill, disabled)
4. No time to exercise
5. Metabolism/Genetics/Heredity
6. Stress
7. Lazy
8. Lack of discipline/Willpower
9. Food/enjoy eating/ amount of food I eat/ type of food
10. Other (specify)
77. Don't know/Not sure
99. Refused

(Go to WATCHTV)

WTFACIL2 (CPNS) (brand list)

96. If SELFWGHT =1 or 2 ask:

WTFACIL.

What is the one change that you feel would best help you reach a healthy weight? (Select one. Do not read).

If SELFWGHT=3 ask:

What is the one change that you feel would best help you maintain a healthy weight? (Select one. Do not read).

1. Nothing would help/heredity/too old
2. Making time for exercise/more time
3. Finding an exercise I like
4. Motivation
5. Eating less
6. Eating different kinds of food
7. Weight loss classes or doctor visits
8. More discipline/ more will power
9. Don't need to/don't worry about it
10. More food
11. Reduce stress
12. Medical help
13. Counseling/weight loss program
14. Money
15. Companionship/family support
16. Other specify (INSERT)
77. Don't know/Not sure
99. Refused

WATCHTV (CPNS)

TYPEXIV.

97. **How much time did you spend watching TV yesterday?** F6 = NONE

_____ Minutes
_____ Hours

77. Don't know/not sure
99. Refused

Perception of Neighborhood Scale

I would now like to ask you three questions about your neighborhood.

CRIME (CPNS)

SAFE.

98. **Thinking about criminal activity, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...**

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe
7. Don't know/not sure
9. Refused

TRAFFIC (CPNS)

SAFE.

99. Thinking about traffic, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe
7. Don't know/not sure
9. Refused

PLEASANT (CPNS)

PLEASANT.

100. How pleasant is it to walk, run, or bike in your neighborhood or community? For example, are there trees and proper lighting, no graffiti, or abandoned buildings? Would you say...

1. Very pleasant
2. Somewhat pleasant
3. Somewhat unpleasant
4. Very unpleasant
7. Don't know/not sure
9. Refused

Acculturation Scale

LANGSPK NEW (SRG) Ask if yes to HISP3

LANGBET.

101. In general, what language do you read and speak? Would you say ...

1. Only Spanish
2. Spanish better than English
3. Both equally
4. Better English than Spanish
5. Only English
7. Don't know
9. Refused

LANGCHLD NEW (SRG)

LANGMORE.

102. What was the language(s) you used as a child? Would you say ...

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English
7. Don't know
9. Refused

LANGHOME NEW (SRG)

LANGMORE.

103. What language(s) do you usually speak at home?

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English

7. Don't know
9. Refused

LANGTHNK NEW (SRG)

LANGMORE.

104. In which language(s) do you usually think?

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English

7. Don't know
9. Refused

LANGFRND NEW (SRG)

LANGMORE.

105. What language(s) do you usually speak with your friends?

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English

7. Don't know
9. Refused

Attachment Measures (Revised and moved to end of survey 1/14/2005)

The following statements concern how you generally feel in close relationships (e.g., with romantic partners, close friends, or family members). Respond to each statement by indicating how much you agree or disagree with it.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | RF |
|--|----------------|-------|----------|-------------------|--------|----|
| 106. I prefer not to show others partner how I feel deep down. | 1 | 2 | 3 | 4 | CRI1 7 | 9 |
| 107. I do not often worry about being rejected or abandoned. | 1 | 2 | 3 | 4 | CRI2 7 | 9 |
| 108. I am very comfortable being close to other people. | 1 | 2 | 3 | 4 | CRI3 7 | 9 |
| 109. I find that my partners don't want to get as close as I would like. | 1 | 2 | 3 | 4 | CRI4 7 | 9 |
| 110. Just when someone starts to get close to me I find myself pulling away. | 1 | 2 | 3 | 4 | CRI5 7 | 9 |
| 111. I worry that others won't care about me as much as I care about them. | 1 | 2 | 3 | 4 | CRI6 7 | 9 |

| | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | RF |
|--|----------------|-------|----------|-------------------|----|----|
| 112. I get uncomfortable when someone wants to be very close to me. | 1 | 2 | 3 | 4 | 7 | 9 |
| 113. I worry a fair amount about losing my close relationship partners. | 1 | 2 | 3 | 4 | 7 | 9 |
| 114. I don't feel comfortable opening up to others. | 1 | 2 | 3 | 4 | 7 | 9 |
| 115. I get frustrated if relationship partners are not available when I need them. | 1 | 2 | 3 | 4 | 7 | 9 |
| 116. I try to avoid getting too close to others. | 1 | 2 | 3 | 4 | 7 | 9 |
| 117. I resent it when my relationship partners spend time away from me. | 1 | 2 | 3 | 4 | 7 | 9 |
| 118. I'm nervous when another person gets too close to me. | 1 | 2 | 3 | 4 | 7 | 9 |
| 119. I worry about being alone. | 1 | 2 | 3 | 4 | 7 | 9 |
| 120. I feel comfortable sharing my private thoughts and feelings with others. | 1 | 2 | 3 | 4 | 7 | 9 |
| 121. My desire to be very close sometimes scares people away. | 1 | 2 | 3 | 4 | 7 | 9 |

Now I would like to ask you a few questions about your physical health.

FIBROIDS NEW (OWH)

YESNO.

122. Has a doctor or other medical care provider ever told you that you had uterine fibroids? (Uterine fibroids are benign (not cancerous) tumors growing in various locations on or within the uterus/womb).

1. Yes
2. No

7. Don't know / Not sure
9. Refused

The next questions are about any infertility services you may have ever received. This includes medical help to ovulate, to become pregnant or to prevent miscarriage.

FERTDCTR NEW (OWH) Ask all women

YESNO.

123. Have you ever been to a doctor or other health care provider to talk about ways to help you to ovulate or help you become pregnant?

1. Yes
2. No (Go to HADMAM)
7. Don't know / Not sure (Go to HADMAM)
9. Refused (Go to HADMAM)

FERTSERV NEW (OWH)

YESNO.

Which of the following services have you had to help you ovulate or become pregnant?

| | YES | NO | DK | RF | |
|--|-----|----|----|----|----------|
| 124. Advice | 1 | 2 | 7 | 9 | FERTADV |
| 125. Infertility testing | 1 | 2 | 7 | 9 | FERTTEST |
| 126. Fertility drugs to improve your ovulation | 1 | 2 | 7 | 9 | FERTDRUG |
| 127. Surgery to correct blocked tubes | 1 | 2 | 7 | 9 | FERTTUBE |
| 128. Artificial insemination | 1 | 2 | 7 | 9 | FERTINSM |
| 129. In vitro fertilization (IVF) | 1 | 2 | 7 | 9 | FERTINVT |
| 130. Surgery or drug treatment for uterine fibroids | 1 | 2 | 7 | 9 | FERTFBRD |
| 131. Other types of medical help (specify) | 1 | 2 | 7 | 9 | FERTOTHR |
| 132. Complementary or alternative medicine (specify) | 1 | 2 | 7 | 9 | FERTCAM |

BREAST and CERVICAL CANCER SCREENING

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

HADMAM (CDP:EWC; CDC-C, modified lead-in) (Note: ask all women) YESNO.

133. Have you ever had a mammogram?

- 1. Yes
- 2. No (Go to WHYNOTDC)
- 7. Don't know / Not sure (Go to HADCBE)
- 9. Refused (Go to HADCBE)

HOWLONG2 (CDP:EWC; CDC-C)

HOWLONGB.

134. How long has it been since you had your last mammogram?

(Read only if necessary)

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago
- 7. Don't know / Not sure
- 9. Refused

WHYDONE (CDP:EWC)

WHYDONE.

135. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

- 1. Routine checkup
- 2. Breast problem
- 3. Had breast cancer
- 7. Don't know/Not sure
- 9. Refused

| |
|--|
| If HOWLONG2>1 and HOWLONG2 <=5 and age>=40 continue; Else go to HADCBE |
|--|

WHYNOTDC (CDP:EWC)

WHYNOTDC.

136. What was the MAIN reason you did not have a mammogram within the past year? Would you say ...
Read responses

1. I have no insurance that covers a mammogram
2. A doctor or nurse did not recommend that I get a mammogram/or never said it was needed
3. I can't afford to pay for a mammogram or the co-pay or deductible
4. I didn't know that I needed a mammogram
88. Other (specify)
77. Don't know / Not sure
99. Refused

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

HADCBE (CDP:EWC) ASK ALL WOMEN

YESNO.

137. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to HADPAP2)
7. Don't know / Not sure (Go to HADPAP2)
9. Refused (Go to HADPAP2)

WHENCBE (CDP:EWC)

HOWLONGB.

138. How long has it been since your last clinical breast exam? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago
7. Don't know / Not sure
9. Refused

WHYCBE2 (CDP:EWC)

WHYDONE.

139. Was your last clinical breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine Checkup
2. Breast problem other than cancer
3. Had breast cancer
7. Don't know/Not sure
9. Refused

HADPAP2 NEW (CDP:EWC) Ask all women

YESNO.

A Pap smear is a test for cancer of the cervix.

140. Have you ever had a Pap smear test?

1. Yes
2. No (Go to STDCHLTD)
7. Don't know / Not sure (Go to STDCHLTD)
9. Refused (Go to STDCHLTD)

WHENPAP4 NEW (CDP:EWC)

HOWLONGB.

141. How long has it been since you had your last Pap smear test?

(Read only if necessary)

- | | | |
|----|-------------------------|---------------------------------------|
| 1. | Within the past year | (more than 0 months to 12 months ago) |
| 2. | Within the past 2 years | (more than 1 year to 2 years ago) |
| 3. | Within the past 3 years | (more than 2 years to 3 years ago) |
| 4. | Within the past 5 years | (more than 3 years to 5 years ago) |
| 5. | More than 5 years ago | |
| 7. | Don't know/Not sure | |
| 9. | Refused | |

STDCHLTD (STD)

YESNOUN.

142. Have you ever been told by your health care provider that you had chlamydia?

- | | |
|----|--|
| 1. | Yes |
| 2. | No |
| 3. | Don't know what chlamydia is (Do Not Read) |
| 7. | Don't know/Not sure |
| 9. | Refused |

If PREGNANT EQ 1 or TRYPREG =1, go to MHOVRWLM; else continue.

HYSTER2 (Core)

YESNO.

143. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

- | | |
|----|-----------------------|
| 1. | Yes |
| 2. | No |
| 7. | Don't know / Not sure |
| 9. | Refused |

MENTAL HEALTH ISSUES**Now I would like to ask you about your feelings and experiences.**

MHOVRWLM (Core) Ask All Women (modified lead in)

OFTEN.

144. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

- | | |
|----|---------------------|
| 1. | Very often |
| 2. | Often |
| 3. | Sometimes |
| 4. | Rarely |
| 5. | Never |
| 7. | Don't know/Not sure |
| 9. | Refused |

DAYSANX (DSS,MCH) Ask all women

TYPEIII.

145. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DAYSSAD (DSS,MCH) Ask all women

TYPEIII.

146. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

MHHELP2 (DSS) (Ask all women)

YESNO.

147. Now thinking about the last year, in the past 12 months did you ever want help with personal or family problems from a mental health professional or religious or spiritual leader?

- 1. Yes
- 2. No (Go to MHNOW)
- 7. Don't know/Not sure (Go to MHNOW)
- 9. Refused (Go to MHNOW)

MHHLPWNT (DSS)

YESNO.

148. Did you get the help you wanted?

- 1. Yes (Go TO MHNOW)
- 2. No
- 7. Don't know (Go TO MHNOW)
- 9. Refused (Go TO MHNOW)

MHNOTGE2 (DSS) NEW

MHWHYNOB.

149. Why didn't you get the help you wanted?

(Mark all that apply) (Probe: Any other reason?) (Read only if necessary)

- | | | |
|---|---------|------------------|
| 1. I couldn't afford it | MHNO2_A | |
| 2. I didn't know where to go | MHNO2_B | |
| 3. I was concerned about what others would think | MHNO2_C | |
| 4. Appointment times were inconvenient | MHNO2_D | |
| 5. I didn't want a medical record of my condition | MHNO2_E | |
| 6. Other (specify) | MHNO2_F | (Go to MHNOTTX2) |
| 77. Don't know/Not sure | | |
| 99. Refused | | |

MHNOTTX2

MHNOTTX2.

149.5 Other (SPECIFY)

MHNOW (DSS) Ask all women

YESNO.

150. Do you CURRENTLY have a mental health condition that has lasted for 6 or more months?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DRNKANY1) |
| 7. Don't know/Not sure | (Go to DRNKANY1) |
| 9. Refused | (Go to DRNKANY1) |

MHWORk (DSS)

YESNO.

151. Does this condition limit the kind or amount of work you do at your job or in the home?

- | | |
|------------------------|--|
| 1. Yes | |
| 2. No | |
| 7. Don't know/Not sure | |
| 9. Refused | |

MHPROHLP (DSS)

YESNO.

152. Did you ever get help for this condition?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DRNKANY1) |
| 7. Don't know/Not sure | (Go to DRNKANY1) |
| 9. Refused | (Go to DRNKANY1) |

MHWHELP2 (DSS)

MHWHELP2

153. Who did you go to for help? (Select all that apply)

- | | | |
|---|---------|------------------|
| 1. Psychotherapist | MHWHE_A | |
| 2. Psychiatrist | MHWHE_B | |
| 3. Psychologist | MHWHE_C | |
| 4. Medical Doctor | MHWHE_D | |
| 5. Counselor | MHWHE_E | |
| 6. Minister, priest, rabbi | MHWHE_F | (Go to DRNKANY1) |
| 7. Self-help support group for emotional stress or mental illness | MHWHE_G | (Go to DRNKANY1) |
| 8. Other specify (INSERT) | MHWHE_H | |
| 77. Don't know/Not sure | | (Go to DRNKANY1) |
| 99. Refused | | (Go to DRNKANY1) |

MHDX2 (DSS)

MHDXB.

154. What did this person call your condition? F6= didn't call it anything

- | | |
|--|--|
| 1. Eating disorder | 2. Major (Clinical) depression |
| 3. Situational (Temporary) Depression | 4. Manic Depression or Bi-Polar Disorder |
| 5. Anxiety | 6. Panic disorder |
| 7. Post traumatic stress disorder (PTSD) | 8. Schizophrenia |
| 9. Attention deficit disorder (ADD) | 10. Mental Breakdown |
| 11. Neurosis | 12. Alzheimer's Disease |
| 13. Senile dementia | 14. Effects of heart disease or stroke |
| 15. Alcohol abuse | 16. Drug abuse |
| 17. Stress | 18. Obsessive Compulsive Disorder (OCD) |
| 19. Dissociative Identity Disorder (DID) | 20. Multiple Personality Disorder (MPD) |
| 21. Mourning/bereavement | 22. Adjustment Disorder |
| 23. Marital problems | 24. Dementia |
| 25. Emotional reaction to physical illness | 26. Didn't tell me what it was |
| 27. Relationship Problem | 28. Parenting Problem |
| 29. Other specify (INSERT) | |
| 77. Don't know/ Not sure | |
| 99. Refused | |

MHPAYDOC (DSS)

PAYDOD.

155. Who paid for the treatment?

1. Self
2. Private Insurance
3. Medicare
4. Medi-Cal
5. Husband/Partner
6. Boyfriend/Girlfriend
7. Parent
8. Other family member
9. Other friend
10. County mental health program
11. Community clinic
12. Self and insurance
13. Employer and State
14. Medicare and Medi-cal
15. Military
16. State/Workman's Comp.
17. Employer
18. Self and State
19. Employee Assistance Program
20. Other specify (INSERT)
77. Don't know/Not sure
99. Refused

WHYNOINS (DSS) (Asked if has health insurance)

YESNO.

156. Why didn't you use your health insurance? Select all that apply

- | | |
|---|---------|
| 1 Insurance didn't cover mental health care | WHYNU_A |
| 2 Insurance for mental health care had been exhausted | WHYNU_B |
| 3 Insurance refused to pay for mental health care | WHYNU_C |

- | | | |
|----|---|---------|
| 4 | Did not want any record of seeking mental health care | WHYNU_D |
| 5 | Did not like the providers offered by health plan | WHYNU_E |
| 6 | Did not want medical insurance overseeing their care | WHYNU_F |
| 7 | I did use insurance | WHYNU_G |
| 8 | Other specify (INSERT) | WHYNU_H |
| | | |
| 77 | Don't know/not sure | |
| 99 | Refused | |

MHNOINTX

MHNOINTX.

156.5 Other (SPECIFY)

MHMED (DSS)

YESNO.

157. During the past 12 months, have you taken a prescription medication for your mental health condition?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DRNKANY1) |
| | | |
| 7. | Don't know/Not sure | (Go to DRNKANY1) |
| 9. | Refused | (Go to DRNKANY1) |

MHPAYRX (DSS)

PAYDOD.

158. Who paid for the medication?

- | | |
|-----|------------------------------|
| 1. | Self |
| 2. | Private Insurance |
| 3. | Medicare |
| 4. | Medi-Cal |
| 5. | Husband/Partner |
| 6. | Boyfriend/Girlfriend |
| 7. | Parent |
| 8. | Other family member |
| 9. | Other friend |
| 10. | County mental health program |
| 11. | Community clinic |
| 12. | Self and insurance |
| 13. | Employer and State |
| 14. | Medicare and Medi-cal |
| 15. | Military |
| 16. | State/Workman's Comp. |
| 17. | Employer |
| 18. | Self and State |
| 19. | Employee Assistance Program |
| 20. | Other specify (INSERT) |
| | |
| 77. | Don't know/Not sure |
| 99. | Refused |

ALCOHOL USE

Next I would like to ask you a few questions about alcohol use.

DRNKANY1 (Core) (All Women)

YESNO.

159. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- 1. Yes
- 2. No (Go to DRUNK)
- 7. Don't know / Not sure (Go to DRUNK)
- 9. Refused (Go to DRUNK)

DRKALC (Core)

TYPEII.

160. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

___ Enter Number 1XX per week
 ___ Enter Week or Month 2XX per month

- 888. None (F6) (Go to DRUNK)
- 777. Don't know / Not sure (Go to DRUNK)
- 999. Refused (Go to DRUNK)

NALCOCC (Core)

TYPEIII.

161. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

___ Enter Number of drinks (One half = .5) (verify if GT 11)

88 None

- 77. Don't know / Not sure
- 99. Refused

DRINKGE5 (Core)

TYPEIII.

162. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? F6 = NONE

___ Enter Number of times (verify if GT 15)

- 77. Don't know / Not sure
- 99. Refused

DRUNK (ADP) Ask all women

TYPEIV.

163. How often in the past year did you drink enough to feel drunk?

___ Enter Number of times (verify if GT 10)

- 77. Don't know / Not sure
- 99. Refused

DRNKHARM (ADP) Ask all women

YESNO.

164. Now thinking of your entire lifetime, was there ever a time when you felt your drinking had a harmful effect on your health? (NOTE: Examples of harmful effects might include internal effects on gastro-intestinal system, liver, or heart; an injury or accident that happened while you were drinking or still feeling the effects; or feeling rundown or often ill).

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

DRNKHELP (ADP) Ask all women

YESNO.

165. Have you ever gone to anyone – a physician, AA, a treatment agency, or some other agency or professional person for a problem related in any way to your drinking?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAG2 (DSS) Ask all women

TYPEVIII.

166. How old were you at the time of your first sexual intercourse experience with a man?

___ Enter age in number of years

- 555. Never had intercourse (Go to WHOSX12M)
- 777. Don't know / Not sure (Go to WHOSX12M)
- 999. Refused question (Go to WHOSX12M)

HYSTER2=1 OR AGE>50 or SEXBHAG2 = 555, go to WHOSX12M; else continue

BIRTH CONTROL USE

BCUSE4 (DSS) (Asked if PREGNANT NE1 AND TRYPREG NE1)

YESNOM.

167. Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

- 1. Yes
- 2. No
- 3. No male sexual partner
- 7. Don't know / Not sure
- 9. Refused Question

The next question asks about with whom you have had any kind of sexual activity in the past 12 months.

WHOSX12M (Core) (Asked of all women)

WHOSEXB.

168. Which response best describes whom you have had sex with in the past 12 months? Would you say...

- 1. Sex only with a woman (or with women)
- 2. Sex only with a man (or with men)
- 3. Sex with both men and women
- 4. Did not have sex
- 7. Don't know / Not sure
- 9. Refused

This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential.

SXORIEN2 (Core)

ORIENT.

169. Which of the following best describes you? Would you say...

1. Heterosexual (straight)
2. Gay or Lesbian
3. Bisexual
4. Not sure

7. Don't know/not sure
9. Refused

SEXUALLY TRANSMITTED DISEASES

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDRCALL NEW (revised 1/14/2005) (STD) Ask of all women

YESNO.

170. Please tell me the names of all the STD's you've ever heard of. (Mark all that apply)

- | | |
|--|---------|
| 1. AIDS or HIV or human immunodeficiency virus | STDRC_D |
| 2. BV or bacterial vaginosis | STDRC_L |
| 3. Chancroid | STDRC_M |
| 4. Chlamydia | STDRC_E |
| 5. CMV or cytomegalovirus | STDRC_P |
| 6. Crabs | STDRC_H |
| 7. Genital herpes or herpes or herpes simplex virus or HSV | STDRC_C |
| 8. Genital warts or warts or human papilloma virus or HPV | STDRC_F |
| 9. Gonorrhea or Clap or Drip | STDRC_A |
| 10. Hepatitis | STDRC_G |
| 11. Pelvic inflammatory disease or PID | STDRC_J |
| 12. Pubic lice | STDRC_K |
| 13. Scabies | STDRC_O |
| 14. Syphilis | STDRC_B |
| 15. Trich or Trichomoniasis | STDRC_I |
| 16. Yeast Infections | STDRC_N |
| 17. Other (Specify) | STDRC_Q |
| 18. Can't name any | STDRC_R |

77. Don't know

99. Refused

STDPROB NEW (STD) Ask all women

171. As far as you know, are there any long-term health problems a WOMAN might experience if she has had a sexually transmitted disease?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to CHLYDTS2) |
| 7. Don't know/Not sure | (Go to CHLYDTS2) |
| 9. Refused | (Go to CHLYDTS2) |

PROBRCAL (revised 1/14/2005) (STD) If yes to STDPROB YESNO.

172. Please tell me about all the long-term health problems you've ever heard of (caused by an STD).

1. Infertility/sterility/difficulty getting pregnant
2. Increased risk of cervical cancer or other genital cancers
3. Pregnancy and birth-related complications
4. Pelvic inflammatory disease or PID
5. Blindness
6. Mental illness; Brain damage; Neurological damage
7. Death
8. Scarring (of reproductive organs)
9. Life-long recurrence of symptoms/Having the disease forever/Always having to take medication

10. Increased risk of HIV infection
11. Other (Specify)
12. Can't name symptoms but know there are some

77. Don't know
99. Refused

CHLYDTS2 (STD) (Ask if AGE<50) YESNOUN.

173. Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, you don't know, or you don't know what chlamydia is?

- | | |
|---------------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to SEXBHNU3) |
| 3. Don't know what chlamydia is | (Go to SEXBHNU3) |
| 7. Don't know / Not sure | (Go to SEXBHNU3) |
| 9. Refused Question | (Go to SEXBHNU3) |
| 8. Refused Module | (Go to SEXBHNU3) |

CHLYDWH2 (STD) (Ask if CHLYDTS2=Yes) WHERE.

174. Where were you tested for chlamydia?

1. Public STD Clinic
2. Other Public Clinic
3. Family Planning clinic
4. Community clinic
5. Private doctor
6. Emergency Room
7. Student Health Center
8. Military facility
9. Jail or other detention facility
10. HMO
11. Other (specify)

77. Don't Know/Not sure
99. Refused Question

SEXBHNU3 NEW (STD) (Asked if WHOSX12M =2 or 3 and if AGE <50) NUMCOUNT.

175. In the past 12 months, how many male sexual partners have you had? Would you say none, one, two, or more than two?

1. 1
2. 2
3. More than 2
4. NONE
7. Don't Know/Not Sure
9. Refused

STDTOLD2 NEW (STD)

YESNO.

176. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease?

1. Yes
2. No (Go to DVFEAR)
7. Don't know/Not sure (Go to DVFEAR)
9. Refused (Go to DVFEAR)

STDDX2 NEW (STD)

YESNO.

177. What did the doctor or nurse tell you it was? Mark all that apply

- | | |
|--------------------------------------|----------|
| 1. Chlamydia | STDDX2_A |
| 2. Genital Herpes | STDDX2_B |
| 3. Genital Warts (HPV) | STDDX2_C |
| 4. Gonorrhea | STDDX2_D |
| 5. HIV or AIDS | STDDX2_E |
| 6. Pelvic Inflammatory Disease (PID) | STDDX2_F |
| 7. Syphilis | STDDX2_G |
| 8. Trichomonas | STDDX2_H |
| 9. Yeast Infection | STDDX2_I |
| 10. Other (specify) | STDDX2_J |
| 77. Don't Know/Not Sure | |
| 99. Refused | |

DOMESTIC VIOLENCE (modified intro)

The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

178. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

1. Yes
2. No
3. No Partner or former partner in past 12 mos (Go to ACESUBAB)
7. Don't know / Not sure
9. Refused

DVCNTROL (DV) (Asked of ALL Respondents)

YESNODVA.

179. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

DVLASTYR (DV)

YESNO.

| In the past <u>12 months</u> has a partner or former partner: | Yes | No | DK/NS | REF | |
|--|-----|----|-------|-----|----------|
| 180. Thrown something at you? | 1 | 2 | 7 | 9 | DVYRTHRW |
| 181. Pushed, grabbed, shoved or slapped you? | 1 | 2 | 7 | 9 | DVYRPUSH |
| 182. Kicked, bit or hit you with a fist? | 1 | 2 | 7 | 9 | DVYRHIT |
| 183. Beaten you up or choked you? | 1 | 2 | 7 | 9 | DVYRBEAT |
| 184. Forced you to have sex against your will? | 1 | 2 | 7 | 9 | DVYRSEX |
| 185. Threatened you with a knife or gun or used a knife on you or fired a gun at you? NEW | 1 | 2 | 7 | 9 | DVYRUSE2 |
| 186. Followed you or spied on you? | 1 | 2 | 7 | 9 | DVYRFLOW |

If no Yes answers to 180 through 186 go to ACESUBAB;
Else, continue.

DVCHLD NEW (DV)

YESNO.

187. Now, thinking of your children or your partner's children, or any foster children in your care, were they present or did they overhear any of these incidents? F6=not applicable

1. Yes
2. No
7. Don't know / Not sure
9. Refused

DVDRGALC NEW (DV)

SCALEE.

188. How much were drugs or alcohol involved in any of these incidents? Would you say...

1. Not at all
2. Somewhat
3. Very much
7. Don't know / Not sure
9. Refused

Adverse Childhood Experiences

The following questions refer to experiences YOU had while you were growing up, that is before you turned 18 years of age.

ACESUBAB (DSS)

YESNO.

189. Before the age of 18, did you live with someone who was a problem drinker or someone who used street drugs?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEDEPMI (DSS)

YESNO.

190. Before the age of 18, did you live with someone who was depressed or mentally ill?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEDVMO2 (DSS)

YESNO.

191. Before your 18th birthday, did you ever see anyone treat your mother (or stepmother) violently, such as beat her up, hit, punch, throw something at her, threaten or attack her?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEJAIL (DSS)

YESNO.

192. Before the age of 18, did you live with someone who went to prison or jail?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEDVRCE (DSS)

YESNO.

193. Before your 18th birthday, were your parents, separated or divorced?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEHNGR NEW (DSS)

YESNO.

194. Before the age of 18, were there times when you had to eat less than you needed or did not eat at all because there was not enough money to buy food?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ACEWLFAR NEW (DSS)

YESNO.

195. Before the age of 18, did you live in a household that received welfare?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

TSS

I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.

TSSTKAD (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you after the age of 18.

196. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSBTAD (DSS)

YESNORF.

197. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

1. Yes
2. No
7. Don't know / Not sure'
9. Refused
8. Refused Module (Go to PTSD1)

TSSDIAD (DSS)

YESNORF.

198. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSSXAD (DSS)

YESNORF.

199. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSSXYR NEW (EPIC) Ask if TSSSXAD=1

YESNORF.

200. Has this happened to you in the last 12 months?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

I'm going to ask you some questions about things that may have happened to you BEFORE the age of 18.

TSSINSCH (DSS)

YESNORF.

201. Before the age of 18, did a parent or other adult in your household often or very often, swear at, insult, or put you down, or make you afraid that you would be physically hurt?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSTKCH (DSS)

YESNORF.

202. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSBTCH (DSS)

YESNORF.

203. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

- 1. Yes
- 2. No

- 7. Don't know / Not sure'
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSSXCH (DSS)

YESNORF.

204. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSDICH (DSS)

YESNORF.

205. Before the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

PTSD

Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. I'd like you to think about the events I just asked you about and other experiences like those. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don't want to.

PTSD1 (DSS)

YESNO.

206. Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

- 1. Yes
- 2. No (Go to MEDI_FU2)
- 7. Don't know / Not sure (Go to MEDI_FU2)
- 9. Refused (Go to MEDI_FU2)
- 8. Refused module (Go to MEDI_FU2)

PTSD2 (DSS)

YESNO.

207. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD3 (DSS)

YESNO.

208. In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

PTSD4 (DSS)

YESNO.

209. In the past 30 days, have you been constantly on guard, watchful, or easily startled?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

PTSD5 (DSS)

YESNO.

210. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Attachment Measures (Revised and moved to end of survey 1/14/2005-these replace Q106-121)

The following statements concern how you generally feel in close relationships (e.g., with romantic partners, close friends, or family members). Respond to each statement by indicating how much you agree or disagree with it.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | RF |
|--|----------------|-------|----------|-------------------|----|----|
| 211. I get uncomfortable when a romantic partner wants to be very close. | 1 | 2 | 3 | 4 | 7 | 9 |
| 212. I worry a lot about my relationships. | 1 | 2 | 3 | 4 | 7 | 9 |
| 213. I worry a fair amount about losing my partner | 1 | 2 | 3 | 4 | 7 | 9 |
| 214. I worry that romantic partners won't care about me as much as I care about them. | 1 | 2 | 3 | 4 | 7 | 9 |
| 215. I feel comfortable sharing my private thoughts and feelings with my partner. | 1 | 2 | 3 | 4 | 7 | 9 |
| 216. I often wish that my partner's feelings for me were as strong as my feelings for him/her | 1 | 2 | 3 | 4 | 7 | 9 |
| 217. I am very comfortable being close to romantic partners. | 1 | 2 | 3 | 4 | 7 | 9 |
| 218. Just when my partner starts to get close to me I find myself pulling away. | 1 | 2 | 3 | 4 | 7 | 9 |
| 219. I do not often worry about being abandoned. | 1 | 2 | 3 | 4 | 7 | 9 |
| 220. I prefer not to show a partner how I feel deep down. | 1 | 2 | 3 | 4 | 7 | 9 |

MEDI_FU2 (ask if age ≥ 65 and did not say "yes" to MEDICARE)

YESNO.

221. Do you have a social security card with red, white and blue stripes?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

CALAGAIN NEW SRG

YESNO.

222. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

CLOSING: That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

- 1. Spanish
- 2. English